

IN HEALTH CONNECT: CONNECTING LOCAL HEALTH SERVICES TO QUALITY-FILTERED HEALTH INFORMATION

by Peggy Richwine



To many librarians, the term MEDLINE has connotations of a huge, complex database that returns far too many citations with little relevance or readability for most library users. And although some might expect that MedlinePlus is more of the same, it is really QFWBFTCHI – quality-filter, web-based, full-text, consumer health information. Unlike MEDLINE, MedlinePlus is relevant and readable for the library user seeking health information. Librarians in Indiana have contributed to a unique dimension of *MedlinePlus*, IN Health Connect, which offers state residents consumer health information specific to the region where they live. Some background on MedlinePlus prefaces the development of this initiative.

In 1998, when the National Library of Medicine began planning MedlinePlus, the goal was to connect consumers directly to the authoritative health information they needed. MedlinePlus became a portal to health information for consumers – drug information, medical dictionaries, directories, an encyclopedia, consumer health libraries, clinical trials, and health topics. The 700+ health topics are the core of MedlinePlus (with each topic linking to full text information from quality-filtered sources. As a government product, every effort is made to prevent commercial bias in the information provided. Links are organized by subcategory for ease in locating the aspects of the topic that is of primary interest. The MEDLINE element in MedlinePlus is the PubMed link from each topic page. Clicking on that link performs a pre-formulated search that retrieves citations to the latest research on the topic. There are 160 interactive tutorials on the most common medical topics and often there are links to the Spanish version. The topics are kept current with a complete review every six months. MedlinePlus is identified as the gold standard for web-based consumer health information. Its use continues to rise and has over a million hits per day.

A team of librarians from Indiana University School of Medicine Library has played an integral part in the development and maintenance of MedlinePlus. The team began working with NLM in April of 1999 to

develop the database of links and have a continuing relationship with NLM in maintaining it. Naomi Miller (2004), who manages the MedlinePlus database content, provides a more detailed description of this resource's development.

In recent years, the National Library of Medicine (NLM) has been developing Go Local linking from the MedlinePlus health topics. North Carolina was the pilot program working with NLM to develop the process, the technology, and the vocabulary for creating a database of local links from the topics of MedlinePlus. When NLM announced that other states might submit applications for Go Local, Peggy Richwine at Indiana University School of Medicine Library responded and in the spring of 2004, Indiana was accepted as one of the early Go Local areas.

Here is an example of how Go Local works: a resident of Anytown, Indiana is having difficulty sleeping. She gets to the MedlinePlus page on sleep disorders. She reads the overviews and the treatment options and then clicks on the Indiana Go Local link on the sidebar and retrieves a map of Indiana. On the Indiana map, she clicks on Anytownville County and retrieves a list of services in the Anytown area that are related to sleep disorders. She can then click on the link to the service. The services will be those that either have their own website or those that have a unique description and URL in a directory.

A major source for beginning the project will be the information in the IN211 Information Referral Network directories for the various parts of the state. The goal of IN211 is to create a seamless network of information and referral services, enabling anyone in Indiana in need of human services to have quick referrals to providers by dialing 2-1-1. As of February 2004, the six IN211 Centers provided 211 access to services in 21 counties for about 40% of the population.

Standards of quality will be used to select links to web sites of hospitals, local health departments, medical specialists, group practices, optometrists, acupuncturists, dentists, podiatrists, other licensed health professionals, nursing homes, home health equipment

and services, medical supplies, libraries, and organizations as well as the support groups and social services identified in the 211 directories.

For the Indiana Go Local project, the Indiana University School of Medicine Library is providing half-time services of Richwine as Project Manager. Additional members of the team are Lauren Rider, Database Manager and librarians who serve as selectors and reviewers. The Indiana Health Sciences Librarians Association is a partner and provided startup money for the project. The Library Partners of the Indianapolis Foundation provides funding for the database manager and the project selectors that will focus on the Central Indiana area. Additional funding from NLM and LSTA funds are designated for the remainder of the state.

This team will be working part time from their homes to identify and evaluate links, enter the data, and review the records before they are approved. The group will be establishing policy and standards as they identify issues.

The vision for Indiana Go Local is that it will be a quality-based, comprehensive resource for locating health services used by individuals and libraries in Indiana. We will know we have succeeded when Go Local is the first place that librarians go to when needing to locate local health services for library patrons. To make Go Local comprehensive and the valued resource we envision, we welcome suggestions for links from librarians throughout the state. The website for link suggestions is at <http://ingolocal.medicine.iu.edu/suggestions.html>.

Initially we will be focusing on Go Local for Central Indiana. We will also be focusing on the areas of major concern for public health throughout the state — smoking, diabetes, and obesity. The services of the hospitals will cover a large number of topics and creating these records for the entire state will be another early priority. We anticipate Indiana Go Local being available for public access by Summer 2005 and hope to have the major links for all counties by that time.

REFERENCES

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